

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/15/04</u>		2 Serial/Patent # <u>10/616,840</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition	—	10/29/03	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 130							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	X Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						--			
		--									
<div style="font-family: cursive; font-size: 1.2em;"> <p>Allegedly omitted drug fig was present from Day 1 Postcardend</p> <p>Refund per fee</p> </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>			TITLE: <u>Pet Attny</u>								
SIGNATURE: <u>E. Shirene Willis</u>			PHONE: <u>308-67129</u>								
OFFICE: <u>Office of Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>			DATE: <u>1/20/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: